

JAN - 2 2009

949 818

FORM D

Notice of Exempt
Offering of SecuritiesU.S. Securities and Exchange Commission
Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL

OMB Number: 3235-0076

Expires: November 30, 2008

Estimated average burden
hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity

Name of Issuer NovaVision, Inc.	Previous Name(s) <input type="checkbox"/> None 	Entity Type (Select one) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Business Trust <input type="checkbox"/> Other (Specify) <div></div>
Jurisdiction of Incorporation/Organization Delaware		
Year of Incorporation/Organization (Select one) <input checked="" type="radio"/> Over Five Years Ago <input type="radio"/> Within Last Five Years (specify year) 2002 <input type="radio"/> Yet to Be Formed		

(If more than one issuer is filing this notice, check this box ☐ and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1 3651 FAU Boulevard, Suite 300	Street Address 2 <div></div>		
City Boca Raton	State/Province/Country FL	ZIP/Postal Code 33431	Phone No. 561.558.2008

PROCESSED

JAN 13 2009

THOMSON REUTERS

Item 3. Related Persons

Last Name Mazzocchi	First Name Rudy	Middle Name <div></div>
Street Address 1 c/o NovaVision, Inc.	Street Address 2 3651 FAU Boulevard, Suite 300	
City Boca Raton	State/Province/Country FL	ZIP/Postal Code 33431
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary) <div></div>		



09000253

(Identify additional related persons by checking this box ☒ and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

- | | | |
|--|--|--|
| <input type="radio"/> Agriculture | <input type="radio"/> Business Services | <input type="radio"/> Construction |
| <input type="radio"/> Banking and Financial Services | <input type="radio"/> Energy | <input type="radio"/> REITS & Finance |
| <input type="radio"/> Commercial Banking | <input type="radio"/> Electric Utilities | <input type="radio"/> Residential |
| <input type="radio"/> Insurance | <input type="radio"/> Energy Conservation | <input type="radio"/> Other Real Estate |
| <input type="radio"/> Investing | <input type="radio"/> Coal Mining | |
| <input type="radio"/> Investment Banking | <input type="radio"/> Environmental Services | <input type="radio"/> Retailing |
| <input type="radio"/> Pooled Investment Fund | <input type="radio"/> Oil & Gas | <input type="radio"/> Restaurants |
| | <input type="radio"/> Other Energy | <input type="radio"/> Technology |
| If selecting this industry group, also select one fund type below and answer the question below: | <input type="radio"/> Health Care | <input type="radio"/> Computers |
| <input type="radio"/> Hedge Fund | <input type="radio"/> Biotechnology | <input type="radio"/> Telecommunications |
| <input type="radio"/> Private Equity Fund | <input type="radio"/> Health Insurance | <input type="radio"/> Other Technology |
| <input type="radio"/> Venture Capital Fund | <input type="radio"/> Hospitals & Physicians | |
| <input type="radio"/> Other Investment Fund | <input type="radio"/> Pharmaceuticals | <input type="radio"/> Travel |
| Is the issuer registered as an investment company under the Investment Company Act of 1940? <input type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Other Health Care | <input type="radio"/> Airlines & Airports |
| <input type="radio"/> Other Banking & Financial Services | <input type="radio"/> Manufacturing | <input type="radio"/> Lodging & Conventions |
| | <input type="radio"/> Real Estate | <input type="radio"/> Tourism & Travel Services |
| | <input type="radio"/> Commercial | <input type="radio"/> Other Travel |
| | | <input type="radio"/> Other |

Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- ☐ No Revenues
- ☐ \$1 - \$1,000,000
- ☒ \$1,000,001 - \$5,000,000
- ☐ \$5,000,001 - \$25,000,000
- ☐ \$25,000,001 - \$100,000,000
- ☐ Over \$100,000,000
- ☐ Decline to Disclose
- ☐ Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- ☐ No Aggregate Net Asset Value
- ☐ \$1 - \$5,000,000
- ☐ \$5,000,001 - \$25,000,000
- ☐ \$25,000,001 - \$50,000,000
- ☐ \$50,000,001 - \$100,000,000
- ☐ Over \$100,000,000
- ☐ Decline to Disclose
- ☐ Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

- ☐ Rule 504(b)(1) (not (i), (ii) or (iii))
- ☐ Rule 504(b)(1)(i)
- ☐ Rule 504(b)(1)(ii)
- ☐ Rule 504(b)(1)(iii)
- ☐ Rule 505
- ☒ Rule 506
- ☐ Securities Act Section 4(6)

Investment Company Act Section 3(c)

- ☐ Section 3(c)(1)
- ☐ Section 3(c)(2)
- ☐ Section 3(c)(3)
- ☐ Section 3(c)(4)
- ☐ Section 3(c)(5)
- ☐ Section 3(c)(6)
- ☐ Section 3(c)(7)

- ☐ Section 3(c)(9)
- ☐ Section 3(c)(10)
- ☐ Section 3(c)(11)
- ☐ Section 3(c)(12)
- ☐ Section 3(c)(13)
- ☐ Section 3(c)(14)

Item 7. Type of Filing

☒ New Notice **OR** ☐ Amendment

Date of First Sale in this Offering: **OR** ☐ First Sale Yet to Occur

Item 8. Duration of Offering

Does the issuer intend this offering to last more than one year? ☐ Yes ☒ No

Item 9. Type(s) of Securities Offered (Select all that apply)

- ☒ Equity
- ☒ Debt
- ☐ Option, Warrant or Other Right to Acquire Another Security
- ☐ Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
- ☐ Pooled Investment Fund Interests
- ☐ Tenant-in-Common Securities
- ☐ Mineral Property Securities
- ☐ Other (Describe)

Item 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? ☐ Yes ☒ No

Clarification of Response (if Necessary)

FORM D

U.S. Securities and Exchange Commission
Washington, DC 20549

Item 11. Minimum Investment

Minimum investment accepted from any outside investor

\$ N/A

Item 12. Sales Compensation

Recipient

N/A

Recipient CRD Number

☐ No CRD Number

(Associated) Broker or Dealer

☐ None

(Associated) Broker or Dealer CRD Number

☐ No CRD Number

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

States of Solicitation ☐ All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

(Identify additional person(s) being paid compensation by checking this box ☐ and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount

\$ 5,000,000.00

OR ☐ Indefinite

(b) Total Amount Sold

\$ 5,000,000.00

(c) Total Remaining to be Sold
(Subtract (a) from (b))

\$ -0-

OR ☐ Indefinite

Clarification of Response (if Necessary)

Item 14. Investors

Check this box ☐ if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering:

Enter the total number of investors who already have invested in the offering:

7

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$

-0-

☐ Estimate

Clarification of Response (if Necessary)

Finders' Fees \$

-0-

☐ Estimate

JAN 2 2009

FORM D

U.S. Securities and Exchange Commission
Washington, DC 20549

106

Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ -0-

☐ Estimate

Clarification of Response (if Necessary)

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box ☐ and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

NovaVision, Inc.

Name of Signer

Holger Weis

Signature



Title

Chief Financial Officer

Number of continuation pages attached:

3

Date

Dec. 29th, 2008

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Weis	Holger	
Street Address 1	Street Address 2	
c/o NovaVision, Inc.	3651 FAU Boulevard, Suite 300	
City	State/Province/Country	ZIP/Postal Code
Boca Raton	FL	33431
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Paul	Patrick	
Street Address 1	Street Address 2	
c/o NovaVision, Inc.	3651 FAU Boulevard, Suite 300	
City	State/Province/Country	ZIP/Postal Code
Boca Raton	FL	33431
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Ugale	Ravi	
Street Address 1	Street Address 2	
c/o NovaVision, Inc.	3651 FAU Boulevard, Suite 300	
City	State/Province/Country	ZIP/Postal Code
Boca Raton	FL	33431
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Firlik, M.D.	Andrew	
Street Address 1	Street Address 2	
c/o NovaVision, Inc.	3651 FAU Boulevard, Suite 300	
City	State/Province/Country	ZIP/Postal Code
Boca Raton	FL	33431
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Mehta	Navroze	S.
Street Address 1	Street Address 2	
c/o NovaVision, Inc.	3651 FAU Boulevard, Suite 300	
City	State/Province/Country	ZIP/Postal Code
Boca Raton	FL	33431
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Buono	Timothy	M.
Street Address 1	Street Address 2	
c/o Tullis-Dickerson & Co., Inc.	One Stamford Place, 12th FL, 263 Tressor Boulevard	
City	State/Province/Country	ZIP/Postal Code
Stamford	CT	06901
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
French	Russell	R.
Street Address 1	Street Address 2	
c/o Noro Moseley Partners	9 North Parkway Square, 4200 Northside Pkwy, NW	
City	State/Province/Country	ZIP/Postal Code
Atlanta	GA	30327
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Minocherhomjee, Ph.D.	Arda	
Street Address 1	Street Address 2	
c/o Chicago Growth Partners	303 West Madison Street, Suite 2500	
City	State/Province/Country	ZIP/Postal Code
Chicago	IL	60606
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

FORM D JAN 2 2009

U.S. Securities and Exchange Commission

Washington, DC 20549

Washington, DC
105

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name		First Name		Middle Name
<input type="text" value="Sasen"/>		<input type="text" value="John"/>		<input type="text" value="F."/>
Street Address 1		Street Address 2		
<input type="text" value="c/o NovaVision, Inc."/>		<input type="text" value="3651 FAU Boulevard, Suite 300"/>		
City	State/Province/Country	ZIP/Postal Code		
<input type="text" value="Boca Raton"/>	<input type="text" value="FL"/>	<input type="text" value="33431"/>		
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary) <input type="text"/>				

Last Name		First Name		Middle Name
<input type="text"/>		<input type="text"/>		<input type="text"/>
Street Address 1		Street Address 2		
<input type="text"/>		<input type="text"/>		
City	State/Province/Country	ZIP/Postal Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary) <input type="text"/>				

Last Name		First Name		Middle Name
<input type="text"/>		<input type="text"/>		<input type="text"/>
Street Address 1		Street Address 2		
<input type="text"/>		<input type="text"/>		
City	State/Province/Country	ZIP/Postal Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary) <input type="text"/>				

Last Name		First Name		Middle Name
<input type="text"/>		<input type="text"/>		<input type="text"/>
Street Address 1		Street Address 2		
<input type="text"/>		<input type="text"/>		
City	State/Province/Country	ZIP/Postal Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary) <input type="text"/>				

(Copy and use additional copies of this page as necessary.)

Form 29

END